

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 2 4

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

March 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY2000 \$ (3732.74)

b. FFY2001 \$ (6575.67)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D page 17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN# 98-16)

10. SUBJECT OF AMENDMENT: Reduction of the Medicaid prospective per diem rates for private
intermediate care facilities for the mentally retarded (ICF-MR) by seven percent (7%).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not
review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John LaCom

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

MARCH 27, 2000

18. DATE APPROVED:

JUNE 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MARCH 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

for CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

Separate costs into fixed costs and non-fixed costs categories.

Apply inflation as outlined in C.1.(a) and (b) to non-fixed costs from the cost report period for the effective date of the rate change.

Add fixed costs to inflated non-fixed costs to determine the base rates.

Add 5% ROI to determine new rates.

For those levels of care with no providers, 8% from the next highest LOC amount will be used to determine a per diem rate.

A	
STATE <u>Louisiana</u>	
DATE REC'D <u>3-27-00</u>	
DATE APPLIC <u>6-6-01</u>	
DATE EFF <u>3-1-00</u>	
HCFA 179 <u>00-24</u>	

Adjustments shall be made to rates by CAP/LOC for particular items of costs that have increased beyond the amount that normal inflation has been able to compensate.

Adjustments shall be made to rates by CAP/LOC for material changes in occupancy levels, but not below 80%.

These type adjustments shall be determined based on the aggregate for each CAP/LOC grouping. Adjustments that are not indicative to all CAP/LOC groupings shall be made only to the affected CAP/LOC.

During non-rebasing years, the current rates will be inflated as outlined in C. 1.(a) and (b) to non-fixed costs for the effective date of the rate change. Application of the inflationary adjustment shall apply only in years when the state legislature allocates funds for this purpose. The inflationary adjustment shall be made by applying the inflation factor applicable to the current fiscal year to the most recently paid non-fixed costs.

The Bureau of Health Services Financing will review rates annually to determine the need for rebasing rates. The rates shall be rebased when there is at least a 5% difference in comparing the total payments to facilities and the overall audited and/or desk reviewed cost of the same rate year.

10. Effective for dates of service on or after March 1, 2000, private facilities are reimbursed at ninety three percent (93%) of the per diem rates in effect as of February 29, 2000 as calculated in 9. above.

11. Level of Care Appeals

Level of care determinations may be appealed by providers utilizing the same appeal process afforded to other long term care providers by the Bureau.

SUPERSEDES: TN# LA 98-16

TN# 00-24 Approval Date 6-6-01 Effective Date 3-1-00
Supersedes
TN# LA 98-16